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CONFIRMATION NO. 5505

Bib Data Sheet

SERIAL NUMBER 10/038,498	FILING DATE 01/03/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.403US1
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APPLICANTS

Darrell O. Wagner, Isanti, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after *Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS

21186
 SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN
 55402

TITLE

Ventricular pacing for prevention of atrial fibrillation

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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